

# LETTER OF TRANSMITTAL

S&ME, Inc.  
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(910) 288-7180  
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**S&ME**  
ENVIRONMENTAL SERVICES  
ENGINEERING • TESTING

DATE	8/19/96	JOB NO.	1584-96-
ATTENTION	Ms. Sherri Knight		
RE:	N.O.I. GW/UST-3		
	former <del>Q&amp;A</del> Texaco		
	N.C. Dept. of ENR		
	AUG 20 1996		
	Winston-Salem		
	Regional Office		

NCDEHNR - Groundwater Section  
585 Waughtown Street  
Winston-Salem, NC 27107

WE ARE SENDING YOU ☒ Attached ☒ Under separate cover via FAX the following items:

- ☐ Shop drawings    ☐ Prints    ☐ Plans    ☐ Samples    ☐ Specifications  
☐ Copy of letter    ☐ Report    ☒ GW/UST-3 form

COPIES	DATE	NO.	DESCRIPTION
1	8/19/96	1	Completed GW/UST-3 form

THESE ARE TRANSMITTED as checked below:

- ☐ For approval  
☒ For your use  
☐ As requested  
☐ For review and comment    ☐ \_\_\_\_\_  
☐ FOR BIDS DUE \_\_\_\_\_ 19 \_\_\_\_\_    ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS FAX Copy sent 8/19/96

COPY TO \_\_\_\_\_

SIGNED: Edmund Henegins

IF ENCLOSURES ARE NOT AS NOTED, PLEASE NOTIFY US AT ONCE.

This Letter of Transmittal and the documents accompanying this Letter of Transmittal contain information from S&ME, Inc., which is confidential and legally privileged. The information is intended only for the use of the individual or entity named on this Letter of Transmittal. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on these documents is strictly prohibited.

(GW/UST-3)

## Notice of Intent: UST Permanent Closure or Change-In-Service

FOR  
TANKS  
IN  
NC

## Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number \_\_\_\_\_

Date Received \_\_\_\_\_

## INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

## I. OWNERSHIP OF TANK(S)

Tank Owner Name: Gertrude Oaks Jones Estate  
(Corporation, Individual, Public Agency, or Other Entity) C.O. Mack BaldwinStreet Address: 5341 NC Hwy 86 South

County: \_\_\_\_\_

City: Yanceyville State: NC Zip Code: 27379Tele. No. (Area Code): (910) 694-4218

## II. LOCATION OF TANK(S)

Facility Name or Company Oaks Texaco (former)Facility ID # (if available) unknownStreet Address or State Road: 1710 Sharpe RoadCounty: Alamance City: Burlington Zip Code: \_\_\_\_\_Tele. No. (Area Code): none

## III. CONTACT PERSON

Name: Mac Baldwin Job Title: Executor Telephone Number: (910) 694-4218

## IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

## V. WORK TO BE PERFORMED BY:

(Contractor) Name: S&ME, IncAddress: 3718 Old Battleground State: North Carolina Zip Code: 27410Contact: Edmund Henriques Phone: (910) 288-7180

## VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>A</u>	<u>1,000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>B</u>	<u>1,000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

## VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Edmund Q.B. Henriques, P.E. Project Manager/agent \*Scheduled Removal Date: 8/31/96Signature: Edmund Q.B. HenriquesDate Submitted: 8/19/96

\*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.